

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard PHA Fiscal Year Beginning: (MM/YYYY): <b>04/01/2012</b> PHA Code: <b>IL010</b> <input type="checkbox"/> HCV (Section 8)				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>482</b> Number of HCV units: <b>337</b>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH      HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  The mission of the Greater Metropolitan Area Housing Authority of Rock Island County is to be the area's affordable housing of choice. We continue to provide and maintain safe, quality housing in a cost effective manner. By partnering with other's we offer rental assistance and other related services to our community in a non-discriminatory manner				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  <ol style="list-style-type: none"> <li><b>Expand the supply of assisted housing by</b> reducing public housing vacancies/improving vacancy turnaround and acquiring or building units through the use of our RHF funds.</li> <li><b>Improve the quality of assisted housing by</b> increasing customer satisfaction through better communication to identify resident needs, continue to renovate/modernize public housing units through the use of capital funds or other grants and provide replacement housing through RHF funds in the future.</li> <li><b>Increase assisted housing choices by</b> continuing outreach efforts to potential voucher landlords through local landlord associations and implement voucher home ownership program.</li> <li><b>Improve community quality of life and economic vitality by</b> implementing measures to deconcentrate poverty by bringing higher income public housing households into lower income developments. To further security improvements by the use of additional lighting, surveillance and other security equipment and by continuing cooperative agreements with local city Police departments.</li> <li><b>Promote self-sufficiency and asset development of families and individuals by</b> providing or attracting supportive services to improve assistance recipients' employability; provide or attract supportive services to increase independence for the elderly or families with disabilities and through the Section 8 FSS program.</li> <li><b>Ensure equal opportunity in housing and affirmatively further fair housing by</b> undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status and disability. Continue to provide a suitable living environment for families living in assisted housing through the use of CFP funds for modernization and additional accessibility improvements and through improved maintenance work.</li> </ol> <p>A report on the PHA's progress on meeting the goals and objectives in the previous 5-year plan are listed in Section 10.0.</p>				

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ol style="list-style-type: none"> <li>1. Eligibility, Selection and Admission Policies – See attachment a (il010a01)</li> <li>2. Financial Resources – See attachment b (il010b01)</li> <li>3. Rent Determinations – No changes</li> <li>4. Operation and Management – No changes</li> <li>5. Grievance Procedures – See attachment a (il010a01)</li> <li>6. Designated Housing for Elderly and Disabled Families - No changes.</li> <li>7. Community Service and Self-Sufficiency - No changes.</li> <li>8. Safety and Crime Prevention - No changes.</li> <li>9. Pets - No changes</li> <li>10. Civil Rights Certification - No changes.</li> <li>11. Audit – No changes. No audit findings</li> <li>12. Asset Management - No changes.</li> <li>13. Violence Against Women Act (VAWA) – See attachment c (il010c01)</li> <li>14. Carbon Monoxide - No changes. See attachment c (il010c01)</li> <li>15. Resident Advisory Board Comments- See attachment d (il010d01)</li> <li>16. Challenged Elements- None. See attachment c (il010c01)</li> <li>17. Section 3 Policy- No changes</li> <li>18. Procurement Policy- No Changes</li> </ol> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>The Greater Metropolitan Area Housing Authority Annual Plan is available for public review and comment at the Housing Authority’s Administrative Office located at 325 2<sup>nd</sup> Street, Silvis, IL 61282 during hours of operation on Monday –Friday 8:30 AM – 5:00 PM.</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><u>Hope VI, Mixed Finance, Modernization or development:</u> GMAHA does not currently have any pending proposals for Hope VI or Mixed Finance funding. Should Mixed Finance or other Development be deemed appropriate, the GMAHA may seek funding.</p> <p>The GMAHA will continue to explore mixed-income and mixed –finance opportunities in its efforts to provide new affordable housing opportunities. The GMAHA has an approved Replacement Housing Plan and is seeking properties throughout its jurisdiction for purchase to provide availability for low-income residents.</p> <p><u>Demolition and/or Disposition:</u> GMAHA does not have any current plans for demolition or disposition of property.</p> <p><u>Conversion of Public Housing:</u> No conversions of PH properties are being considered at this time.</p> <p><u>Homeownership Programs:</u> Homeownership is identified in the HUD Strategic Plan as a goal as well as the GMAHA Strategic Plan developed in April 2010. Although a homeownership program is not currently in place, the GMAHA homeownership goals include: identifying funding opportunities, educating staff about home ownership programs, and exploring how other housing authorities are increasing home ownership. Homeownership training for residents/participants is coordinated with local community resources.</p> <p><u>Section 8 Vouchers:</u> The GMAHA is providing up to seventeen project based vouchers for a recently completed senior/disabled development called Hometown Harbor located in East Moline, Illinois. The GMAHA further intends to provide 10 Housing Choice Vouchers to administer the HUD-Veterans Affairs Supportive Housing (VASH) program in partnership with the Iowa City VAMC pending HUD approval. Additional project based or other types of vouchers may be considered in the future if deemed appropriate to serve the housing needs in our jurisdiction and HUD approval is obtained.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>

8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See Attachment e (il010e01) CFP Annual Statement Grant No. 501-12  Attachment f (il010f01) CFP Performance &amp; Evaluation Reports 501-11 &amp; 501-11RHF  Attachment g (il010g01) CFP Performance &amp; Evaluation Reports 501-10 &amp; 501-10 RHF  Attachment h (il010h01) CFP Performance &amp; Evaluation Reports 501-09 &amp; 501-09 RHF  Attachment i (il010i01) CFP Performance &amp; Evaluation Reports 501-07 RHF &amp; 501-08 RHF</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See Attachment j (il010j01) Capital Fund Program Five-Year Action Plan 50075.2 Five Year Action Plan</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input checked="" type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>In May 2005 the Greater Metropolitan Area Housing Authority of Rock Island County was one of the recipients of IHDA Capital Fund Revenue Bonds, Series 2005A. The proceeds were used for the substantial rehabilitation of William Young Homes I &amp; II located in Milan, IL. William Young Homes I &amp; II is an elderly/disabled site originally consisting of 100 units which included 16 efficiency units that were converted to 12 one bedroom units at substantial rehab. Other updates included new windows and doors, electrical, plumbing, and HVAC updates including the addition of central air conditioning. Complete bathroom and kitchen renovation including new oak cabinets, tubs with showers and fixtures. Solid wood interior doors, new flooring and accessibility updates throughout the property. Site improvements included new drives, parking and landscaping. The project was completed in August 2007. Annual debt service is paid through the Capital Funds for a twenty year period.</p>

	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.							
	The GMAHA reviewed all housing data in the Comprehensive Housing Affordability dataset from the 2000 U.S. Census bureau, the Consolidated Plan and GMAHA public housing and Section 8 housing waiting lists to determine the following housing needs for our jurisdiction (Rock Island County):							
9.0	<u>Family Type</u>	<u>Overall</u>	<u>Affordability</u>	<u>Supply</u>	<u>Quality</u>	<u>Accessibility</u>	<u>Size</u>	<u>Location</u>
	Income <=30% AMI	2,700	5	5	5	3	2	4
	Income >30% but <=50% AMI	1,970	5	4	5	2	2	4
	Income>50% but ,=80% AMI	2,880	4	3	5	2	2	4
	Elderly	2,000	5	4	5	3	1	4
	Families with Disabilities	390	4	5	3	3	3	4
	Ethnicity-White	3,510	5	5	4	3	2	3
	Ethnicity-Black	2,500	5	5	4	3	2	3
	Ethnicity-Hispanic	600	5	5	4	3	2	3
9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>							



	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The GMAHA continues to expand the supply of assisted housing by providing an expedient turnover of vacated units and bringing renovation units back on-line for re-occupancy. The Authority has been successful in reducing public housing vacancies and improving vacancy turnaround. The Authority has an approved Replacement Housing Plan and has begun searching for suitable single family homes and/or multifamily complexes to purchase in order to assist more families in the jurisdiction through the use of our RHF funds.</p> <p>The agency strives to provide the best in customer service to clients and has provided on-going training to staff in order to maintain a high level of customer service. Our website was updated and an online application/waiting list system was implemented this past year for our public housing, section 8 voucher and project based programs. This allows our clients to easily access information and apply for housing assistance online anytime.</p> <p>The agency continues to increase assisted housing choices for clients by seeking good potential landlords within the community. GMAHA has applied for 10 Housing Choice Vouchers to administer the HUD-Veterans Affairs Supportive Housing (VASH) program and is providing 17 Project Based vouchers for a recently completed elderly/disabled property located in East Moline. Landlord briefing information is available on the agency website and personal communication with potential landlords is a high priority in order to provide quality affordable housing choices for the Section 8 program.</p> <p>The agency continues to work with local Police departments through cooperative agreements and has onsite police liaison offices at two of our properties. Security improvements at all locations continue to be addressed through the use of additional lighting, surveillance cameras and other security equipment.</p> <p>The promotion of self sufficiency remains a strong focus to the agency. The family self-sufficiency program remains in effect for the Section 8 Voucher program. The agency maintains a strong relationship with local service partners (Illinois Extension Service, Project Now, IL-IA Independent Living Center, Township, etc) to provide or attract supportive services for our housing clients. Through this collaboration, the authority continues to assist clients on a variety of issues including homemaking skills, budgeting, energy assistance, job seeking and transportation options.</p> <hr/> <p>The agency embraces equal opportunity in housing and follows fair housing practices to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status or disability. Staff training is provided on an annual basis to ensure that equal opportunity and fair housing regulations are fully met. The agency continues to make accessibility improvements through the use of modernization (CFP) funds and through in-house maintenance work.</p> <p>(b) Significant Amendment and Substantial Deviation/Modifications. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification".</p> <p><b>10.0</b></p> <p>Category 1: Substantial deviations from the 5-year plan</p> <p>Substantial deviations from the 5-year plan occur when the Board of Commissioners decides to revise the mission statement, goals or objectives of the plan.</p> <p>Category 2: Significant amendments or modifications to the annual plan</p> <p>Significant amendments or modifications to the annual plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally changes the plans of the agency and which require formal approval of the Board of Commissioners.</p>
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11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)</li> </ul>
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## 1. Eligibility, Selection and Admissions Policy

Most of the changes for this revision were made necessary by the publication of the VAWA final rule, made effective of November 26, 2010. Other changes include changes to account for the PHAS interim rule, published February 23, 2011, modifications concerning nondiscrimination and accessibility, changes to accommodate the online application process and waiting list management and updates to citations and changes and corrections for flow and clarity.

Chapters of the ACOP with revisions are:

(Paragraphs/text with changes are shown in gray highlighted color)

Chapter 2	Pages 3-4 Pages 9-14	Reworded VAWA title (next to last bullet on 2-3) Added additional bullet to 2-II.D (2-10); added reference to 2-II.E. title, revised 2 <sup>nd</sup> paragraph (2-10); updated PIH Notice references (2-13) for accessibility notice, Notice PIH 2010-26
Chapter 3	Pages 3-4 Pages 19-22 Pages 31-38	Text revisions default policy, 3-I.C., <b>Family Breakup</b> (3-4) for VAWA rules Text revisions in 3-III.A. (3-19) for VAWA final rule and 3-III.C. (3-31) for PHAS interim) 3-III.F. rewritten to incorporate the provisions of the VAWA final rules that became effective November 26, 2010; repaginated pages 31-34.
Chapter 4	Pages	Revised to accommodate the online application process and waiting list Management.
Chapter 5	Pages 5-8	Text revisions in 5-2.D. PHA Policy (5-6) for VAWA final rules; capitalization corrected in heading <b>Unit Refusal without Good Cause</b> (5-7).
Chapter 8	Pages 1-2 Pages 11-12	Added text to 8-I.B. in <b>Orientation Agenda</b> (8-2 for VAWA final rule Added reference to <b>Annual Inspections</b> heading, and revised related text (bottom of 8-11) for PHAS interim rule
Chapter 12	Pages 7-12	PHA Policy updated in 12-III.c. (12-8), 12-III.f (12-10), and 12-IV.D. (12-12) for VAWA rule
Chapter 13	Pages 7-8 Pages 11-14 Pages 19-28	Definition citations revised in 13-III.B. (13-8) Reference updated (13-12); VAWA title revised and citation added (13-14) 13-III.F. completely revised (13-20 thru 13-22); text revisions in 13-IV.D. PHA policy (now on 13-25); repaginated pages 13-20 through 13-26, all for VAWA final rule
Chapter 14	Pages 3-4	Revised text of PHA Policy in <b>Scheduling an Informal Hearing</b> (14-3) for clarity
Chapter 16	Pages 1-2 Pages 16-22 Pages 25-34	Revised Part VII description (16-1) for VAWA additions Table of PHAS indicator scores updated (16-515/16) for PHAS interim rules; 16-IV.C. <b>PHAS SCORING</b> updated (16-17) for PHAS interim rule; Minor text revision in 16-V-B. PHA Policy (16-19) for clarity; Added new heading <b>Domestic Violence, Dating Violence, or Stalking Records</b> and related text (bottom of 16-21) for VAWA final rule Part VII completely revised (16-25) thru 16-30) for VAWA final rule; RESIDENTS" changes to TENANTS' in Exhibit 16-1 heading (now on 16-31); text of heading and first paragraph revised (top of 16-32); repaginated pages 16-25 thru 16-34

Chapters of the Section 8 ADMIN PLAN with revisions are:

(Paragraphs/text with changes are shown in gray highlighted color)

Chapter 2	Pages 8-11	Revised text to include info from Notice PIH 2010-26 on non-discrimination and accessibility for persons with disabilities (pp.2-10, 2-11, and 2-13)
Chapter 3	Page 3	Text changes to reflect VAWA final rule
	Pages 21	Text changes to reflect VAWA final rule
	Pages 29-30	Text changes throughout 3-III.G for VAWA final rule: Deleted Subsection on Definitions which are now located in section 16 IX changed wording in PHA Policy under Notification subsection, changed wording in PHA Policy under Documentation/Victim Documentation subsection, deleted Time Frame For Submitting Documentation and PHA Confidentiality Requirements subsections, pagination changes
Chapter 5	Pages 5-7	Text changes to reflect VAWA final rule
Chapter 8	Page 2	Changed wording from "Attachment" to "Exhibit"
Chapter 9	Page 2	Text changes to reflect VAWA final rule
Chapter 10	Entire Chapter	Text and PHA Notices reference changes throughout. Unless otherwise noted, changes are in reference to the VAWA final rule. They include: Added new PHA Policy under Allowable Moves, added text to PHA Policy under Insufficient Funding for Portability Notice PIH 2011-3 deleted last sentence of PHA Policy under Grounds for Denial or Terminations of Assistance, added text to PHA Policy under Applicant Families added new subheading of Preapproved Contact with the Receiving PHA that includes a new PIH Policy for Notice PIH2011-03, added new subheading of Responding to Initial PHA's Request that includes a new PIH Policy for Notice PIH2011-3, deleted PHA Policy under Initial Contact with Family for Notice PIH-2011-3, pagination changes
Chapter 12	Page 2	Text changes to reflect VAWA final rule
	Page 7	Text changes to reflect VAWA final rule
	Pages 11-19	Updated Section 12-II.E to reflect VAWA final rule, which includes: Added new subsection of VAWA Protections against Termination (p.12-12), added new subsection on Limitations on VAWA Protections and text changes in PHA Policy (p.12-13), text changes in PHA Policy under updated subheading title Documentation of Abuse (p. 12-14), deleted PHA Confidentiality Requirements subheading, pagination changes; Updated Section 12-II.F. for VAWA final rules, which includes: Deleted PIH Policy and added two new PIH Policies (p. 12-15), deleted Notice of Termination Based on Citizenship Status subsection; Deleted Section 12.II.G. How Termination of Assistance Affects the HAP Contract and Lease for VAWA final rule; Text and reference changes for VAWA final rule
Chapter 13	Page 6	Text changes to reflect VAWA final rule
Chapter 14	Page 2	Reference to HUD-EIV system and PHA information to applicants and participants
Chapter 16	Page 1	Added text for Part IX on VAWA

	Pages 5-8	Added reference to Unit-By-Unit Exceptions subheading for Nondiscrimination Notice PIH2010-26
	Page 36	Added new subheading for Documentation of Domestic Violence, Dating Violence, or Stalking on p.16-39 for VAWA final rule
	Pages 39-49	Revised information throughout Part IX on VAWA for VAWA final rule, including PIH Policy changes and/or additions throughout this part; Text changes in the Exhibits; Pagination changes
Chapter 17	Page 28	Section 17.VI.C. PHA Policy now lists Hometown Harbor East Moline as a PBV project with a separate waiting list
	Page 31	Added text for VAWA final rule

## Attachment b

Statement of Financial Resources		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2011)		
PH Operating Fund	\$1,925,921	PH Operations
PH Capital Fund	\$ 775,730	Modernization
Section 8 HCV	\$1,651,942	Rental Assistance
2. Prior Year Federal Grants (unobligated)		
Capital Fund 501-10	\$ 246,098	PH Capital Improvements
Capital Fund 501-11	\$ 431,646	PH Capital Improvements
3. PH Dwelling Rental Income		
	\$1,164,691	PH Operations
4. Other Income		
Interest (3610)	\$ 93,858	PH Operations
Other (3690) tenant charges,	\$ 72,789	PH Operations
Vending		
Total Resources		
		\$ 5,931,029

**CARBON MONOXIDE ALARM DETECTOR ACT (No changes)**

Greater Metropolitan Area Housing Authority of Rock Island County is in compliance with the Carbon Monoxide Detector Act.

Prior to the January 1, 2007 due date, a portion of the public housing stock previously had carbon monoxide detectors installed at the apartments. The remaining units were equipped with carbon monoxide detectors as instructed in the Act

Carbon monoxide detectors are maintained and tested by housing authority maintenance staff. Residents are instructed on the procedures of testing their equipment and are to report non –operating equipment through the work order system.

Section 8 landlords and participants were provided advance notice on the subject to ensure compliance prior to the due date. Proper compliance with the Act is verified at the units and carbon monoxide detectors are tested during the annual HQS inspection process.

**VAWA – THE VIOLENCE AGAINST WOMEN ACT**

A goal of the Greater Metropolitan Area Housing Authority of Rock Island County is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.

The Greater Metropolitan Area Housing Authority of Rock Island County provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking: Safe shelter, individual and family counseling, support groups, life skills training and police liaison services. Local agencies we partner with include Family Resources Inc, Christian Family Care Center, Bethany Homes and local police agencies.

The Greater Metropolitan Area Housing Authority of Rock Island County provides or offers the following activities, services, or programs that help child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing: Assistance with housing applications, landlord referrals, job training skills, onsite policing services and referrals to appropriate agencies for assistance.

### **CHALLENGED ELEMENTS OF THE PHA PLAN**

There were no challenged elements of the PHA 2012 Annual Plan

### **PROCUREMENT PLAN CHANGES AS REQUIRED BY ARRA**

The Greater Metropolitan Area Housing Authority of Rock Island County has amended its procurement policy with regard to ARRA funds as required and directed within Notice PIH 2009-12.



**RESIDENT ADVISORY BOARD 2012 ANNUAL PLAN QUESTIONS & COMMENTS**

The Resident Advisory Board is composed of residents from each AMP development at the Agency. Participating in the resident advisory board meetings this year were:

**AMP 1-**

Mario Munoz  
Marjorie Theis  
Laura Theis

**AMP 5-**

Roy McClintock  
Dixie Kanke  
Beverly Harland  
Lorraine Tracy  
Tommye Gilbert  
Sandy James  
Richard Cameron  
Dixie Rohn  
Mary Whipple  
Joyce Carroll  
Sharon Johnson  
Viola Dietsch  
Julie Debruycker  
Wanda Anthony  
Peggy Tobin  
Mary Reeves  
Janet Kunst  
Patricia Boyd  
Bernice Gray  
Jimmy Robinson  
Dora Corwin  
Bernice Gray

**AMP 7-**

Shelia Ristow  
Gloria Molina  
Carmen Marshall  
Lee Clester  
Vernon Fonger  
Karen Barber  
Susan Smith  
George Crowe  
Penny Brightman  
Iris Hayslett  
Dianna Toney  
Dale Johnson  
Diane Jackson  
Charlie Moss  
Gary Bradley  
Connie Poulain

**AMP 12-**

Sandra Davis  
Virginia Chavez  
Russell Nolan  
Vicki Cork  
Louise Hood  
Alice Johnson  
Carole Deyo  
Patricia Ketchum  
Maria Ornelas  
Eileen Donnelly  
Janet Washington  
Janice Hall  
Rita Schatteman

Questions and comments from the RAB group are listed by development

### AMP 1, Oak Grove, East Moline, IL

#### Planned work items

*Security Updates*

*Misc. site/sidewalk repairs*

*Landscaping if budget allows*

\*What about putting in more trees? She lost one to the storm a few years ago. *We want to put in some trees/shrubbery if budget allows and is as maintenance free as possible.*

\*We have a lot of non-residents park their cars on our property for 2-3 days. Please relay to the office anytime you observe cars on the property that may not belong on the property.

\*The maintenance staff does a good job. Thank you

\* Was stimulus from 2009 a onetime grant? Yes, and it has been obligated and expended. We were able to renovate 3 buildings at this site with the monies from the stimulus grant.

### AMP 5, Wm Young Homes, Milan, IL

*William Young doesn't have any major upcoming projects, just general repairs as needed.*

\*Could we sign up to use the water hoses for the purposes of Spring clean up days? *We will take under advisement. The use of hoses for spring clean up seems reasonable. I think we can work something out this Spring.*

\* Since we didn't get the rainhandler gutters, the plants and bushes under the soffits don't get watered and are dying. That's another reason we need to use the hoses. *We will look into the use of hoses by residents on a limited basis.*

\*I'm concerned about my neighbor who smokes heavily and is on oxygen. *We will address this issue with the resident.*

\*Any plans for getting the outside poles painted because they are rusty? Also, I think it is a good idea to have the use of hoses for spring and fall cleanup. Yes, *it's been discussed and hopefully we can get done in 2012.*

\*Can we have more security cameras? *We budget every year for security items. We can't have cameras in every area, but need to look into the most beneficial places.*

We have people parking in resident parking. *It may be by accident, but if this happens repeatedly then bring to the office so issue can be addressed.*

\*Can we have a designated parking, even though we don't have a car? For when my son visits. *We don't assign parking spots for people without a vehicle. We have ample visitor parking.*

\*Why is \$3.00 being charged for lawn care in the summer months & \$2.00 for filters? *No changes have been made to the fees for several years.*

### AMP 7, Streed Tower, East Moline, IL

*Planned work items:*

*2012- Exterior building repairs*

*2013-New windows & paint building exterior*

*\*Concerns were expressed regarding the positioning of community room tables and pool table.*

*The tables can always be rearranged.*

*\*Concerns regarding the grocery carts. Elsa explained the new cart check out process, which also includes the folding utility carts which are ideal for the weekend. It's a tenant call if they choose to let another resident borrow the cart over the weekend while it's under their name.*

*\*Will the Social club still have access to the closets and the one in the hallway. Yes*

*\*Are we going to get a larger laundry room & with more machines? We have already explored that option and at this time it is not cost effective.*

*\*One of the residents reminded residents on how lengthy the wait time can be on construction projects and getting the building inspectors to come out. She gave credit to GMAHA staff.*

*\*When are we going to get the exterior of our windows cleaned? A work order should be put in for this request and they would be addressed as time permitted. The cleaning of the windows is not something we're doing this fall. The residents should not try to attempt to clean the exterior windows themselves. We will look into having the exterior windows of the building cleaned in the Spring.*

### AMP 12, Warren Tower & Heights, Silvis, IL

*Planned work items:*

*Boiler Replacement (high efficiency)*

*Community Room/Kitchen Updates*

*Exterior Building repairs*

*Flooring and stair treads to the Big House*

*Security Updates for all sites (combination of cameras, lighting, police)*

*Sidewalk repairs*

*\*What types of services are provided – LIHEEP – what is? We partner with other agencies to provide info. on services available, some agencies come to our location to talk about programs to our residents.*

\*Why November for a start date on the elevator? *The equipment has a long lead time, We will start with the small elevator first which will probably take 3-4 months and then move onto the big elevator, both elevators should be done by late June 2012.*

\* After renovation will the elevators run better & have less noise? *Yes, they will run more efficiently and meeting proper codes. You won't notice a huge difference in speed, but the operation will be better.*

\* Can we get cameras for the parking lots? *I'm afraid of vandalism & suspicious drug behavior. Will look into anywhere that there is a need for. We need to know of any issues so they can be relayed to our Liaison Officers.*

\*How can you enforce charging people for spilling on the floors? *Thinks cameras in the halls would be a good idea. We will review where the most urgent need is and where the budget allows.*

\*I'm afraid to report things because I'm afraid of retaliation. *You can always report things anonymously, every little piece of information helps. Repetitive suspicious behavior can be easier to target if reported and there may be a pattern. You can call any of the offices to report things if you are worried about being seen in the office.*

\*How do you enforce when someone is banned? *Banned individuals will be penalized. If a tenant allows banned individuals in, they will also be penalized.*

\*Since Liaison officers have been onsite has the unwanted activity lessened? *Yes, it has definitely helped. They switch up the days that they monitor the properties.*

\*Why can't we paint our apartments? *There should be proper applications painting, so that's why we prefer for Maintenance to paint.*

\*What can be done about the wasps? *Report any issues or if anyone notices a wasps nest so that we can relay to Maintenance or Pest Control.*

\*I'm really surprised of all the litter out in the woods when I walk my dog (by drainage area). *Let us know as we certainly want to address litter issues, but that area isn't really intended for use as a trail.*

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P010501-12 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval: 2012</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup></b>	<b>Expended</b>	
1	Total non-CFFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	11,000.00					
3	1408 Management Improvements	8,000.00					
4	1410 Administration (may not exceed 10% of line 21)	77,573.00					
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	35,000.00					
8	1440 Site Acquisition	25,000.00					
9	1450 Site Improvement	30,000.00					
10	1460 Dwelling Structures	288,256.96					
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00					
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>FFY of Grant: 2012</b>	
<b>PHA Name:</b> Greater Metropolitan Area Housing Authority of Rock Island County	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P010501-12 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval: 2012</b>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Revised<sup>2</sup></b>
18a	1501 Collateralization or Debt Service paid by the PHA		<b>Obligated</b>
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	290,900.04	
19	1502 Contingency (may not exceed 8% of line 20)	0	
20	Amount of Annual Grant: (sum of lines 2 - 19)	775,730.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures	15,000.00	
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>[Signature]</i>		<i>[Signature]</i>	
<b>Date</b>		<b>Date</b>	
1-4-2012			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Part II: Supporting Pages			Federal FFY of Grant: 2012			
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: IL06P010501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Status of Work
				Original	Revised <sup>1</sup>	
					Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AMP 1 Oak Grove	Sidewalk Repair/Replacement	1450		5,000		
	Landscaping	1450		5,000		
	Security updates	1460		5,000		
	Site Acquisition	1440		25,000		
	Operations	1406		0		
	Staff Training	1408		2,000		
AMP 5 Wm Young Homes	Sidewalk Repair/Replacement	1450		5,000		
	Tree Removal	1450		5,000		
	Operations	1406		0		
	Staff Training	1408		2,000		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
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Expires 4/30/2011

Part II: Supporting Pages			Federal FFY of Grant: 2012		Status of Work	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: IL06P010501-12 CHFP (Yes/ No): Replacement Housing Factor Grant No:		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised <sup>1</sup> Funds Obligated <sup>2</sup>	
AMP 7 Streed	Misc sidewalk replacement	1450		5,000		
	Security updates	1460		3,256.96		
	Exterior Building Repairs	1460		90,000		
	Ranges & Refrigerators	1465		5,000		
	Air Conditioners	1465		5,000		
	Operations	1406		0		
	Staff Training	1408		2,000		
AMP 12 Warren	Community Room/Kitchen updates @ Tower	1460		85,000		
	Security upgrades	1460		10,000		
	Replace flooring/stair treads Hights Apt bldgs	1460		20,000		
	Exterior building repairs @ Tower	1460		75,000		
	Sidewalk repair/replacement	1450		5,000		
	Operations	1406		11,000		
	Staff Training	1408		2,000		
Admin costs	MGMT Fees	1410		77,573		
Fees & Costs	Fees & Costs	1430		35,000		
Debt Service	Debt Service	9000		290,900.04		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P010501-11 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2011</b> FFY of Grant Approval: 2011	
<b>PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11					
<b>Type of Grant</b>	<b>Revised Annual Statement (revision no: )</b>				
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup></b>
1	Total non-CFP Funds			0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	26,000.00	4,000.00	0	0
3	1408 Management Improvements	8,000.00	4,000.00	0	0
4	1410 Administration (may not exceed 10% of line 21)	93,341.00	77,573.00	77,573.00	77,573.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	5,000.00	0	0
8	1440 Site Acquisition	10,000.00	5,000.00	0	0
9	1450 Site Improvement	30,000.00	5,000.00	0	0
10	1460 Dwelling Structures	410,000.00	352,506.96	266,511.00	0
11	1465.1 Dwelling Equipment—Nonexpendable	9,924.96	4,000.00	0	0
12	1470 Non-dwelling Structures	25,000.00	20,000.00	0	0
13	1475 Non-dwelling Equipment	20,000.00	10,000.00	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	2,500.00	0.00	0	0
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
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Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2011 FFY of Grant Approval: 2011	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: IL06P010501-11 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11 <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	288,650.04	288,650.04
19	1502 Contingency (may not exceed 8% of line 20)	0	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	933,416.00	775,730.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities	30,000.00	30,000.00
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures	15,000.00	15,000.00
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.

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U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County			Grant Type and Number Capital Fund Program Grant No: IL06P010501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 7 Streed	Security upgrades	1460		5,000	0	0	0	omitted
	Misc sidewalk replacement	1450		10,000	0	0	0	omitted
	Ranges & Refrigerators	1465		4,924.96	2,000	0	0	
	Air Conditioners	1465		5,000	2,000	0	0	
	Operations	1406		5,000	1,000	0	0	
	Staff Training	1408		2,000	1,000	0	0	
AMP 12 Warren	Elevator Upgrade	1460		375,000	281,500	266,511	0	in progress
	Security upgrades	1460		5,000	38,006.96	0	0	
	Sidewalk repair/replacement	1450		5,000	0	0	0	omitted
	Operations	1406		10,000	1,000	0	0	
	Staff Training	1408		2,000	1,000	0	0	
Admin costs	MGMT Fees	1410						
Fees & Costs	Fees & Costs	1430		93,341	77,573	77,573	77,573	completed
Debt Service	Debt Service	9000		10,000	5,000	0	0	
				288,650.04	288,650.04	0	0	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06R010501-11 Replacement Housing Factor Grant No: IL06R010501-11 Date of CFFP:		<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11				<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Summary by Development Account</b>		<b>Total Estimated Cost</b>		<b>Obligated</b>		<b>Total Actual Cost <sup>1</sup></b>	
<b>Line</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>			
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>	53,178.00	53,178.00	0	0		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2011 FFY of Grant Approval: 2011	
<b>PHA Name:</b> Greater Metropolitan Area Housing Authority of Rock Island County	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-11 Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<input type="checkbox"/> Reserve for Disasters/Emergencies		
<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Revised <sup>2</sup></b>	<b>Total Actual Cost <sup>1</sup></b>
<b>Line</b>	<b>Original</b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	53,178.00	0
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b> <i>Deane Fuller</i>		<b>Signature of Public Housing Director</b>	<b>Date</b> 1-4-2012

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9<sup>1</sup> of the U.S. Housing Act of 1937, as amended.



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P010501-10 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost</b>	<b>Obligated</b>	<b>Total Actual Cost <sup>1</sup></b>
			<b>Revised<sup>2</sup></b>		<b>Expended</b>
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	88,057.96	19,818.34	0	0
3	1408 Management Improvements	8,000.00	120.00	120.00	120.00
4	1410 Administration (may not exceed 10% of line 21)	93,341.00	93,341.00	93,341.00	93,341.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,217.00	39,750.00	39,750.00	6,000.00
8	1440 Site Acquisition	20,000.00	0	0	0
9	1450 Site Improvement	23,500.00	3,805.00	3,805.00	0
10	1460 Dwelling Structures	355,000.00	482,322.58	481,614.64	298,540.97
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00	1905.04	1,905.04	1,905.04
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	5,000.00	2,054.00	2,054.00	2,054.00
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>FFY of Grant: 2010</b>	
<b>PHA Name:</b> Greater Metropolitan Area Housing Authority of Rock Island County	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P010501-10 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval: 2010</b>	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<input type="checkbox"/> Reserve for Disasters/Emergencies		
<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Revised <sup>2</sup></b>	<b>Total Actual Cost <sup>1</sup></b>
<b>Line</b>	<b>Original</b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	290,300.04	219,100.02
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	933,416.00	621,061.03
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities	63,000.00	
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures	15,000.00	
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>[Signature]</i>		<i>[Signature]</i>	
<b>Date</b>		<b>Date</b>	
1-4-2012			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages			Federal FFY of Grant: 2010			
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: IL06P010501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Status of Work
				Original	Revised <sup>1</sup>	
					Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AMP 1 Oak Grove	Asbestos Abatement	1460	1 bldg	10,000	0	0
	Lead Based Paint Abatement	1460	1 bldg	5,000	0	0
	504 compliance updates	1460	1 apt	30,000	0	0
	Replace kitchen cabinets	1460	1 bldg	20,000	0	0
	Bathroom upgrades	1460	1 bldg	30,000	5,010.26	4,016.43
	Electrical upgrades	1460	1 bldg	40,000	0	0
	Plumbing upgrades	1460	1 bldg	20,000	0	0
	HVAC upgrades	1460	1 bldg	20,000	0	0
	Interior Doors	1460	1 bldg	15,000	0	0
	Flooring	1460	1 bldg	10,000	0	0
	Security upgrades	1460		25,000	0	0
	Landscaping	1450		10,000	0	0
	Sidewalk replacement	1450		8,500	0	0
	Ranges & Refrigerators	1465	20%	10,000	0	0
	Central Air Units	1465	1 bldg	0	0	0
	Site Acquisition	1440		20,000	0	0
	Relocation	1495		5,000	2,054	2,054
	Operations	1406		10,000	0	0
	Staff Training	1408		2,000	40	40

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages							
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: IL06P010501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AMP 12 Warren	Ranges & Refrigerators	1460		10,000	0	0	0
	Roof Replacement	1460		0	64,939.40	64,939.40	64,939.40
	Security upgrades	1460		25,000	0	0	0
	Elevator Upgrades	1460		0	155,000	155,000	0
	Operations	1406		25,000	10,000	0	0
	Staff Training	1408		2,000	40	40	40
Admin costs	MGMT Fees	1410		93,341	93,341	93,341	93,341
Fees & Costs	Fees & Costs	1430		30,217	39,750	39,750	6,000
Debt Service	Debt Service	9000		290,300.04	290,300.04	290,300.04	219,100.02

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-10 Date of CFFP:		<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost</b>	<b>Obligated</b>	<b>Total Actual Cost <sup>1</sup></b>
			<b>Revised<sup>2</sup></b>		<b>Expended</b>
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	64,214.00	64,214.00	0	0

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		FFY of Grant: 2010 FFY of Grant Approval: 2010	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-10 Date of CFFP:		
Type of Grant			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	64,214.00	0
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.



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OMB No. 2577-0226  
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<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



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Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Expires 4/30/2011

<b>Part I: Summary</b>		<b>PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P010501-09 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup> Expended</b>		
1	Total non-CFF Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	43,191.96	25,691.96	25,691.96	25,691.96		
3	1408 Management Improvements	8,000.00	0	0	0		
4	1410 Administration (may not exceed 10% of line 21)	94,224.00	94,224.00	94,224.00	94,224.00		
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition	30,000.00	38,500.00	38,500.00	13,300.00		
9	1450 Site Improvement	20,000.00	0	0	0		
10	1460 Dwelling Structures	63,500.00	0	0	0		
11	1465.1 Dwelling Equipment—Nonexpendable	340,000.00	460,500.00	460,500.00	26,793.88		
12	1470 Non-dwelling Structures	65,000.00	30,000.00	30,000.00	30,000.00		
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs	2,500.00	2,500.00	2,500.00	2,500.00		
17	1499 Development Activities <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
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<b>Part I: Summary</b>							
PHA Name:	Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number	Capital Fund Program Grant No: IL06P010501-09 Replacement Housing Factor Grant No: Date of CFFP:				
Type of Grant		<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11 <input type="checkbox"/> Reserve for Disasters/Emergencies					
Summary by Development Account		Total Estimated Cost		Revised <sup>2</sup>		Total Actual Cost <sup>1</sup>	
Line		Original		Obligated		Expended	
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	290,825.04	290,825.04	290,825.04		290,825.04	
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0		0	
20	Amount of Annual Grant: (sum of lines 2 - 19)	942,241.00	942,241.00	942,241.00		940,316.00	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities	63,000.00	63,000.00				
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures	15,000.00	15,000.00				
Signature of Executive Director		Signature of Public Housing Director		Date			
<i>[Signature]</i>		<i>[Signature]</i>		<i>1-04-2012</i>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



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Part II: Supporting Pages			Federal FFY of Grant: 2009					
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: IL06P010501-09 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 1 Oak Grove	Asbestos Abatement	1460	1 bldg	10,000	17,680	17,680	17,680	completed
	Lead Based Paint Abatement	1460	1 bldg	5,000	0	0	0	omitted
	504 compliance updates	1460	1 apt	30,000	30,000	30,000	30,000	completed
	Replace kitchen cabinets	1460	1 bldg	20,000	20,000	20,000	20,000	completed
	Bathroom upgrades	1460	1 bldg	30,000	30,000	30,000	30,000	completed
	Electrical upgrades	1460	1 bldg	40,000	40,000	40,000	40,000	completed
	Plumbing upgrades	1460	1 bldg	20,000	117,320	117,320	117,320	completed
	HVAC upgrades	1460	1 bldg	20,000	20,000	20,000	20,000	completed
	Interior Doors	1460	1 bldg	15,000	15,000	15,000	15,000	completed
	Flooring	1460	1 bldg	10,000	28,531.10	28,531.10	28,531.10	completed
	Security upgrades	1460		15,000	0	0	0	omitted
	Landscaping	1450		10,000	0	0	0	omitted
	Sidewalk replacement	1450	10%	8,500	0	0	0	omitted
	Ranges & Refrigerators	1465	20%	10,000	14,332	14,332	14,332	completed
	Central Air Units	1465	1 bldg	20,000	15,668	15,668	15,668	completed
	Site Acquisition	1440		20,000	0	0	0	omitted
	Relocation	1495		2,500	2,500	2,500	2,500	completed
	Operations	1406		10,000	10,000	10,000	10,000	completed
	Staff Training	1408		2,000	0	0	0	omitted

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages

PHA Name: Greater Metropolitan Area Housing Authority  
of Rock Island County

Expires 4/30/2011

Grant Type and Number Capital Fund Program Grant No: IL06P010501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp 12 Warren Tower/Heights	504 Compliance updates	1460		20,000	0	0	0	omitted
	Roof Replacement	1460		0	141,968.90	141,968.90	141,968.90	completed
	Security updates	1450		15,000	0	0	0	omitted
	Tree Removal	1450		5,000	0	0	0	omitted
	Misc site repairs	1450		10,000	0	0	0	omitted
	Landscaping	1450	10%	10,000	0	0	0	omitted
	Ranges & Refrigerators	1465	20%	10,000	0	0	0	omitted
	Air Conditioning units	1465		10,000	0	0	0	omitted
	Operations	1406		10,000	0	0	0	omitted
	Staff Training	1408		15,691.96	15,691.96	15,691.96	15,691.96	completed
Admin Costs	Salaries & Benefits/Mgmt Fee	1410		2,000	0	0	0	omitted
	Physical Needs Assessment	1410		94,224	94,224	94,224	94,224	completed
Fees & Costs	Fees & Costs	1430		0	0	0	0	completed
Debt Service	Bond Debt Obligation	9001		30,000	38,500.	38,500	36,575	completed
Contingency	Contingency	1502		290,825.04	290,825.04	290,825.04	290,825.04	completed
				0	0			

<sup>1</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
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## Federal FFY of Grant: 2009

### Reasons for Revised Target Dates

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-09 Date of CFFP:		<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County</b>					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup></b>	
1	Total non-CFF Funds	Original		Expended	
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	64,825.00	0	64,825.00	0

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
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Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-09 Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)		
21	Amount of line 20 Related to LBP Activities	64,825.00	0
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



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**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

PHA Name: Greater Metropolitan Area Housing Authority  
of Rock Island County

**Federal FFY of Grant: 2009**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.



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PHA Name: Greater Metropolitan Area Housing Authority

### Reasons for Revised Target Dates

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U.S. Department of Housing and Urban Development  
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Part I: Summary			FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-08 Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11				
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities <sup>4</sup>	73,413.00	73,413.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-08 Date of CFFP:		<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>	
<b>PHA Name:</b> Greater Metropolitan Area Housing Authority of Rock Island County					
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Revised Annual Statement (revision no: )				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11	<input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	73,413.00	73,413.00	0.00	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <i>Shane M. Jullien</i>		<b>Signature of Public Housing Director</b>		<b>Date</b> <i>1-07-2008</i>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Part I: Summary			FFY of Grant: 2007 FFY of Grant Approval: 2007		
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-07 Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	69,805.00	69,805.00	0.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.



<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>FFY of Grant: 2007</b> FFY of Grant Approval: 2007	
<b>PHA Name:</b> Greater Metropolitan Area Housing Authority of Rock Island County	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-07 Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-11		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost <sup>1</sup></b>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	
19	1502 Contingency (may not exceed 8% of line 20)	0	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	69,805.00	0.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b> 		<b>Signature of Public Housing Director</b> 	
<b>Date</b>		<b>Date</b>	
1-4-2012			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

## Part I: Summary

PHA Name/Number Greater Metropolitan Area Housing Authority of Rock Island County IL 010		Locality (City/County & State) Silvis/Rock Island/Illinois			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement Amp 1 Oak Grove Amp 5 Wm Young Amp 7 Streed Amp 12 Warren	220,000 5,000 35,000 270,000	Amp 1 Oak Grove Amp 5 Wm Young Amp 7 Streed Amp 12 Warren	Amp 1 Oak Grove Amp 5 Wm Young Amp 7 Streed Amp 12 Warren	Amp 1 Oak Grove Amp 5 Wm Young Amp 7 Streed Amp 12 Warren
C.	Management Improvements		1,000	1,000	1,000	1,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	
E.	Administration		94,224	94,224	94,224	94,224
F.	Other		9,242	2,742	2,000	2,000
G.	Operations		20,000	2,000	2,000	2,000
H.	Demolition		0	0	0	
I.	Development		0	0	0	
J.	Capital Fund Financing – Debt Service		287,775	289,275	287,000	287,000
K.	Total CFP Funds		942,241	942,241	936,224	936,224
L.	Total Non-CFP Funds					
M.	Grand Total					

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2001**

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**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**  
**Expires 4/30/2001**

form HUD-50075.2 (4/2008)

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2001**

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ 2013 FFY _____ 2013		Work Statement for Year: _____ 2014 FFY _____ 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	AMP's 1, 5, 7 & 12 Staff Training	1,000.00	AMP's 1, 5, 7 & 12 Staff Training	1,000.00
	Computer upgrades		Computer upgrades	
	Operations	20,000.00	Operations	2,000.00
	Architect & consultant fees & costs	9,242.00	Architect & consultant fees & costs	2,742.00
	Management Fees	94,224.00	Management Fees	94,224.00
	Site Acquisition		Site Acquisition	
	Relocation		Relocation	
	Debt Service repayment AMP 5	287,775.00	Debt Service repayment AMP 5	289,275.00
	Subtotal of Estimated Cost	\$412,241.00	Subtotal of Estimated Cost	\$389,241.00



**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2001**

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY 2015	Work Statement for Year _____ FFY 2015	Estimated Cost	Estimated Cost
	Development Number/Name General Description of Major Work Categories	Development Number/Name General Description of Major Work Categories		
See Annual Statement	AMP's 1, 5, 7 & 12	AMP's 1, 5, 7 & 12		
	Staff Training	Staff Training	1,000.00	1,000.00
	Computer upgrades	Computer upgrades		
	Operations	Operations	2,000.00	2,000.00
	Architect & consultant fees & costs	Architect & consultant fees & costs	2,000.00	2,000.00
	Management Fees	Management Fees	77,573.00	77,573.00
	Site Acquisition	Site Acquisition		
	Relocation	Relocation		
	Debt Service repayment AMP 5	Debt Service repayment AMP 5	287,000.00	287,000.00
	Subtotal of Estimated Cost	Subtotal of Estimated Cost	\$369,573.00	\$369,573.00